

STUDENT ALLERGY FORM

Student's Full Name _____ **Grade** _____

Name of Person Filling out this Form _____

Telephone (Home) _____ **(Cell)** _____

ALLERGENS

Please be as thorough and detailed as possible. If your child does not have any known allergies, please indicate as well. (A copy of this form will be given to your child's teacher.)

_____ My child does not have any known allergies.

_____ My child has the following known allergies and symptoms:

ALLERGEN	SYMPTOM(S)	TRIGGER(S)
1.		
2.		
3.		
4.		
5.		
6.		
7.		

If there are any changes in the future, please inform the school office in writing immediately.

AUTHORIZATION

_____ **My child is not** to be treated with an EpiPen.

_____ **My child is** to be treated with an EpiPen.

_____ **My child has** an EpiPen in the school office.

_____ **I will supply** the office with a sufficient quantity of valid EpiPens throughout the year.

Parent's/Guardian's Name (please print) _____

Parent's/Guardian's Signature _____ **Date** _____